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## Country programme recommendation**

### Central African Republic

**Addendum**

*Summary*

The present addendum to the country note submitted to the Executive Board at its first regular session of 2001 contains the final country programme recommendation for Board approval.

The Executive Director *recommends* that the Executive Board approve the country programme of the Central African Republic for the period 2002 to 2006 in the amount of $7,732,000 from regular resources, subject to the availability of funds, and $5,000,000 in other resources, subject to the availability of specific-purpose contributions.

* E/ICEF/2001/12.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of the financial year 2000. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2001 (E/ICEF/2001/P/L.73).

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[1] Excerpted from the publication "Progress since the World Summit for Children: A statistical review", prepared as a supplement to the Secretary-General's report "We the children: End-decade review of the follow-up to the World Summit for Children" (A/S-27/3), which may differ from data contained in this document.

## The situation of children and women

1. The situation of children and women remains the same as described in the country note submitted to the Executive Board at its first regular session of 2001 (E/ICEF/2001/P/L.10). However, in the light of the results of the end-decade review of the goals of the World Summit for Children, new data have emerged which attest to the clear deterioration of the situation of children and women in the Central African Republic. The rebellions that the country experienced between 1996 and 1997, the spread of the HIV/AIDS pandemic (the Central African Republic has the tenth highest infection rate in the world, with a seroprevalence estimated at 14 per cent), widespread household poverty, and repeated strikes by civil servants have had an adverse social impact.

2. The country registered a major setback in the survival and development of children and women as compared with the situation at mid-decade. The results of the 2000 multiple indicator cluster survey (MICS) showed that the under 5 mortality rate (U5MR) rose from 157 per 1,000 live births in 1994-1995 to 194 per 1,000 in 2000, and the infant mortality rate (IMR) rose from 97 per 1,000 live births to 130.6 per 1,000 during the same period. The maternal mortality rate (MMR) is very high (at least 948 per 100,000 live births). The HIV/AIDS rate among pregnant women ranges between 5 and 20 per cent by region. The low immunization coverage rate (under 50 per cent for all antigens) and the increase in measles, tuberculosis, malaria and respiratory infections are still a source of concern. Thirty-eight per cent of children under 5 showed moderately stunted growth in 2000 as compared with 25 per cent in 1995. Basic education for children is in growing jeopardy; the net school enrolment rate dropped from 63 per cent to 43 per cent between 1996 and 2000. The number of AIDS orphans is estimated at over 100,000.

3. Aside from the weak performance of the health care system, the situation of children and women is dependent on the political and economic context. The democratization process begun in 1993 is still tenuous; since 1997, this has been the basis for international intervention. Armed conflicts in neighbouring countries (Chad, the Democratic Republic of the Congo and the Republic of the Congo), giving rise to population and troop movements, are a source of instability. Most democratic institutions are functioning, but good governance is still a challenge. The country is undergoing a profound economic and financial crisis; there has been a sharp fall-off in government revenue as a result of corruption, the destruction of the economic fabric during the 1996-1997 events, the fuel crisis and the drop in raw materials prices (wood, cotton, coffee and diamonds). This has led to a growth of domestic and foreign debt. In 1999 15.8 per cent of the gross domestic product (GDP) and 46 per cent of domestic revenue was allocated to debt service (542 billion African Financial Community (CFA) francs). At the domestic level, the State owes 30 months' back pay. The implementation of the next cooperation programme must take these determinants into account in allocating resources to the social sectors.

4. Nevertheless, the Government has made progress in macroeconomic and financial reforms and has begun the process of joining the Heavily Indebted Poor Countries (HIPC) Debt Initiative. A strategic poverty reduction framework is being finalized with the World Bank and development partners. The Government recently signed an Enhanced Structural Adjustment Facility agreement with the Bretton Woods institutions and $5 million in budgetary aid was released by the International

Monetary Fund (IMF) and the World Bank. The Central African Republic is eligible to receive up to $20 million in support funds from the World Bank for the programme to combat HIV/AIDS. The United Nations Children's Fund (UNICEF) will ensure that the concerns of vulnerable groups are taken into account in government development programmes and will continue its advocacy role under the United Nations Development Assistance Framework (UNDAF) to ensure that the resources released under HIPC and the 20/20 Initiative are used wisely.

5. The common country assessment (CCA) was finalized and joint inter-agency poverty reduction campaigns were launched in three pilot regions at the same time that UNDAF was being drafted.

## Programme cooperation, 1997-2001

6. Programme implementation gave priority to collaboration with other partners in a spirit of complementarity and concern for the rational use of limited resources. In the context of the immunization programme, the supply of vaccines is guaranteed by the Japan International Cooperation Agency (JICA) (70 per cent) and UNICEF (30 per cent). The funds thus released by UNICEF were allocated to building staff capacity and revitalizing health services, while the World Health Organization (WHO) bolstered its institutional support. The European Union, through its strategy of equipping health units, helped to strengthen the revitalization of health centres. The Joint United Nations Programme on HIV/AIDS (UNAIDS) made a decisive contribution to launching the UNICEF-executed project to prevent HIV transmission from mother to child. The water and sanitation programme received, through the Government, funds from the International Fund for Agricultural Development (IFAD) for drilling wells in the prefecture of Bouca, a hosting area for Rwandan refugees, in collaboration with the Office of the United Nations High Commissioner for Refugees (UNHCR). The education programme was carried out in close collaboration with the United Nations Educational, Scientific and Cultural Organization (UNESCO), JICA, non-governmental organizations (NGOs) and religious denominations to promote education for girls.

7. The first report on the implementation of the Convention on the Rights of the Child was considered by the Committee on the Rights of the Child, which highlighted the following positive points: the importance attached to children in the Constitution of the Central African Republic; the adoption of the new Family Code, which went into effect in October 1998; the setting up of the Children's Parliament and the establishment of the junior peace ambassadors group; the introduction into school curricula of the community-managed "community schools" initiative, which led to an increase in the enrolment rate of children living in those communities, especially girls; the efforts made to ensure supervision of refugee children from neighbouring countries; and the establishment of the committee to monitor the recommendations of the Committee on the Rights of the Child and the prefectural and local committees. Nevertheless, the Committee expressed concern at the lack of a policy setting out broad guidelines and strategies for a holistic treatment of children's issues, and at the weak coordination of the actions undertaken.

8. The health and nutrition programme contributed greatly to the development of the country's health policy. In collaboration with WHO, the German Technical Cooperation Agency (GTZ), JICA and International Cooperation (Milan) (COOPI),

the strategy of the Bamako Initiative was extended to all of the country's health units. The proportion of the population with access to a health centre within a 5-kilometre radius rose from 45 per cent in 1995 to 65 per cent in 2000. A minimum package of services is available at each health centre, but the quality of these services needs to be improved, especially with regard to the integrated management of childhood illness (IMCI) and essential delivery care. In keeping with the national action plan on nutrition, the programme developed the community-based nutritional monitoring approach in 50 villages. The consumption of iodized salt rose from 65 per cent in 1996 to 86 per cent in 2000, making it possible, inter alia, to protect 113,500 newborns from iodine deficiency disorders. The extent of vitamin A and iron deficiencies (anaemia) among children 0-36 months of age and pregnant women is better documented, and action strategies will be put forward in the next programme. The exclusive maternal breastfeeding policy continues to be implemented in the country's main health centres; the 6 months exclusive breastfeeding rate is 15 per cent. The encouraging results achieved in the eradication of poliomyelitis (reduction in the circulation of wild virus poliomyelitis from 7 cases in 1997 to 3 cases in 2000) must be bolstered by a significant increase in routine immunization coverage and intensified monitoring of acute flaccid paralysis.

9. The water, sanitation and environment programme helped to increase the rate of access to safe drinking water in the two programme target areas to 70 per cent, as compared with a national average of 55 per cent, and contributed to a well maintenance rate of 90 per cent, which had the positive result of lightening women's domestic chores and increasing girls' availability for schooling. With the support of UNICEF, at least 10 per cent of households now have adequate conditions for sewage disposal, as compared with a rate of less than 5 per cent at programme inception.

10. The basic education programme was able to mobilize support from decision makers, local authorities, communities and families for the new strategy of enrolment at least cost to parents. With 23 community schools functioning in the two programme concentration areas, the net school enrolment rate in the target area rose from 30 per cent to 44 per cent between 1977 and 1999; this was accompanied by a closing of the gap between the enrolment of boys and girls and the adoption of sound hygienic practices. Nevertheless, it is important to stress that the deterioration of the educational system at the national level has diminished overall programme performance.

11. The advocacy and social communication programme has helped to strengthen children's and women's rights and to promote domestic consumption of iodized salt with a view to eliminating iodine deficiency disorders in a country where this endemic problem is considered worse than in most countries of the region. The Convention on the Rights of the Child has been translated into Sango, the national language, and committees have been set up at the prefectural level to promote popular awareness of the Convention. The translation into Sango of the Convention on the Elimination of All Forms of Discrimination against Women is under way, as is the drafting of the country's initial report to the Committee on the Elimination of Discrimination against Women (CEDAW).

12. The monitoring, information and management programme has helped to involve all sectors in the planning and monitoring of programme implementation at the central, peripheral and community levels. At the national level, the programme

has contributed to the establishment of georeferenced databases on children and women and the preparation of a social data chart. At the peripheral (prefectural) level, development plans and a local social data chart have been created, enabling the movement of indicators to be monitored and the impact of activities to be measured. The community empowerment process has intensified with the implementation of community monitoring and the setting up of 320 village development committees.

## Lessons learned from past cooperation

13. The lessons learned remain the same as described in the country note. Despite the country's precarious economic and political situation, real progress has been achieved in certain areas, thanks to the integration of grass-roots multisectoral activities and collaboration with NGOs and other development partners. The application of a rights-based approach has made it possible to define regional disparities more clearly by gender and age and to highlight the gap between official statements and their application in the daily life of Central African children and women.

14. Although all the country's health facilities are functioning in accordance with the Bamako Initiative principles, the health-care system has not yet achieved the expected performance levels. This is because the extension of the Initiative to all public health centres has taken place very quickly, so that it has not been possible to establish an effective management system with real community participation. In order to improve system performance, the focus should be on service quality: organizing the referral system; IMCI; essential delivery care, from the family and community level to health centres; and strengthening management structures (management committees, district teams and monitoring).

15. The vitamin A supplementation policy has been impeded by the lack of statistical data concerning vitamin A deficiency. A national survey showed a vitamin A deficiency prevalence of 68 per cent for children 6-36 months of age and 53 per cent among pregnant women. A consensus has emerged in favour of micronutrient supplements. This highlights the importance of statistical data as a tool of advocacy and decision-making; the next programme will emphasize data quality.

16. The World Food Programme (WFP)/UNICEF/community partnership has ensured the availability and consumption of iodized salt in remote areas with a high prevalence of goitre. This partnership should be maintained and strengthened in order to achieve the goal of complete eradication of iodine deficiency disorders by 2005.

17. The dracunculiasis eradication programme has not performed well because the programme management structure is based in Bangui, more than 1,000 kilometres from the endemic areas. In order to improve programme effectiveness, the management structure must be brought closer to the endemic areas and, in cooperation with WHO, epidemiological monitoring must be strengthened.

18. In the programme target areas, significant and sustainable results have been achieved in the field of water and education, thanks to supervision and capacity-building at the peripheral and community levels in the areas of micro-planning,

monitoring and participatory management of activities. In the new programme, these strategies will be strengthened and copied in other communities.

19. The situation of children and women deteriorated significantly between 1996 and 2000, however, despite the actions of various partners. The unfavourable political and social situation in the country is partly responsible for this deterioration. It has been observed that political stability and good governance are essential ingredients if the situation of children and women is to be improved; priority should therefore be given in the new programme to constant advocacy in favour of those highly important factors.

20. Harmonization of the cooperation cycle and inter-agency collaboration in the framework of CCA/UNDAF, strengthened partnership with the Government, NGOs and civil society, community involvement, and transparency in programme management with the Government have been the major factors of success.

## Recommended programme cooperation, 2002-2006

Regular resources: US$ 7,732,000

Other resources: US$ 5,000,000

**Recommended programme cooperation**[a]

(In thousands of United States dollars)

| | *Regular resources* | *Other resources* | *Total* |
|---|---|---|---|
| Survival of children and women | 2 732 | 2 000 | 4 732 |
| HIV/AIDS and STDs | 1 000 | 1 500 | 2 500 |
| Basic education | 1 200 | 1 000 | 2 200 |
| Promotion of children's and women's rights | 1 000 | 500 | 1 500 |
| Planning and monitoring/evaluation | 1 000 | 0 | 1 000 |
| Cross-sectoral costs | 800 | 0 | 800 |
| **Total** | **7 732** | **5 000** | **12 732** |

[a] The breakdown of estimated annual expenditure is shown in table 3.

## Country programme preparation process

21. The preparation process for the 2002-2006 cycle of cooperation between the Government and UNICEF began with the holding of the mid-term review in July 1999 under the auspices of the Ministry of Economy, Finance, Planning and International Cooperation, with broad participation by all the ministries concerned and by other partners (bilateral, multilateral, agencies of the United Nations system, NGOs, women's associations, the Children's Parliament and representatives of civil society). Government ownership of the process and contributions by all the participants continued during all stages of the process: analysing the situation from the standpoint of the new rights/gender/life cycle approach; defining priority issues;

and formulating appropriate strategies based on a causal analysis at three levels (proximate, underlying and structural causes).

22. The programme document was adopted by consensus at the country strategy meeting in July 2000. Participants in the meeting included representatives from the embassies of the member States of the UNICEF Executive Board present in the Central African Republic (Canada, Japan, the Libyan Arab Jamahiriya, the Republic of the Congo, the Russian Federation and the Sudan). Programme activities will continue in the old areas, building on the achievements made. The programme will also be part of implementing United Nations system activities in three joint target areas, based on an integrated child development approach, and will contribute to poverty reduction in accordance with complementarity and the rational use of available resources.

## Country programme goals and objectives

23. The overall objective of the 2002-2006 programme is to contribute to the realization of children's and women's rights and, in the framework of CCA/UNDAF, to contribute to poverty reduction and the empowerment of families and communities. Emphasis will be placed on the survival, development, protection and participation of children and women. The country programme will help to: reduce the infant-child mortality rate (U5MR) from 194 to 165 per 1,000 live births; reduce the MMR from 948 to 860 per 100,000 live births; slow the increase in HIV/AIDS among young people and women; improve educational quality and raise the net school enrolment rate from 43 to 50 per cent, particularly for girls; and promote the enjoyment of children's and women's rights.

## Relation to national and international priorities

24. The objectives and strategies adopted in this programme respond to the problems identified in the analysis of the situation of children and women and the major challenges brought to the fore by the end-decade review and the Global Movement for Children. They are also based on the national policies, strategies and priorities contained in the following sectoral policy documents: the national action plan for children, the interim health plan, the national plan for educational development, the national environmental plan, the water and sanitation blueprint, the new policy on women and the policy on children.

25. As an integral part of the new strategic poverty reduction plan formulated by the Government in collaboration with the Bretton Woods institutions, the programme follows the major themes contained in the CCA/UNDAF documents. The programme will, in particular, contribute to enhancing the well-being of the most vulnerable and disadvantaged groups in the joint United Nations inter-agency target areas. Consistency between survival-related actions and those concerning development and protection will always be sought, since survival conditions for young children affect their later cognitive and social development.

26. UNICEF priorities will therefore centre on activities which promote children's integral and harmonious development and empower women and communities, including building IMCI capacity in health districts, providing essential delivery care; combating HIV/AIDS; promoting community-based nutritional monitoring and

exclusive breastfeeding; combating micronutrient deficiencies; improving access to drinking water and basic sanitation; promoting girls' schooling; advocating for the promotion and implementation of children's and women's rights; communicating on behalf of behavioural changes with regard to health and respect for rights; decentralized planning; and strengthening the monitoring and evaluation of programme execution.

## Programme strategy

27. The programme strategy remains essentially the same as described in the country note. Service delivery will continue in terms of the supply of vaccines and provision of equipment for basic social services in the light of the country's landlocked situation and the dilapidated state of its economy. National capacity-building will be developed in a spirit of transfer of competencies. In a post-emergency context, advocacy will be strengthened to ensure the effective enjoyment of women's and children's rights. Social communication and the empowerment of communities, and especially of women, will be developed to ensure ownership of the activities and guarantee project continuity. The strengthened partnership and decentralization which have demonstrated their effectiveness under the current programme will be maintained. The next programme will function on two levels: at the national level, it will contribute to institutional capacity-building and the development of sectoral policies, and at the regional level, the aim will be to consolidate past achievements in all the districts of the programme target area (13 per cent of the population) and to extend coverage in the inter-agency joint target area (27 per cent of the population). That will allow the lessons learned in the programme target area to be copied and the rights/gender/life cycle approach to be highlighted. Also, in view of the national context, vulnerability indicators will continue to be monitored so that appropriate responses can be made to emergency situations.

28. The cooperation programme for 2002-2006 comprises two sectoral programmes (the survival programme for children and women, and the basic education programme) and three cross-sectoral programmes (the HIV/AIDS and STDs programme, the children's and women's rights promotion programme and the planning, monitoring and evaluation programme).

29. **Survival programme for children and women.** This programme comprises three projects, and the main partners are WHO, the United Nations Population Fund (UNFPA), the United Nations Development Programme (UNDP), WFP, the World Bank, the Food and Agriculture Organization of the United Nations (FAO), JICA, the French Development Agency (AFD), GTZ, COOPI and the European Union. The programme has country-wide coverage in terms of support for policy development and the reform of the health and water/sanitation sectors.

30. Activities under the project to strengthen primary health care will cover 8 of the country's 16 prefectures, including the three joint action target areas (prefectures) of the United Nations system. The following objectives will be pursued: increasing immunization coverage from 50 per cent to at least 80 per cent for all antigens with a view to eradicating polio and neonatal tetanus and reducing the incidence of measles; progressively setting up in prefecture referral hospitals a system for providing essential delivery care, in order to help reduce maternal and

neonatal mortality; developing the IMCI strategy, including for malaria, in the project districts, both in health centres and in grass-roots communities (the child's immediate environment), in keeping with the spirit of the Bamako Initiative; and strengthening the quality of care provided to the population. The project will be carried out in close cooperation with the community development, water/sanitation and nutrition projects with a view to creating an environment conducive to the survival and promotion of the mother-child unit. In view of the difficult economic situation, and pending the country's eligibility for the Global Alliance for Vaccines and Immunization, UNICEF has, together with the JICA, undertaken to ensure the supply of vaccines while continuing its advocacy for the Vaccine Independence Initiative.

31. The nutrition project will help to reduce malnutrition-related morbidity and mortality among children and women, in cooperation with the usual partners (WHO, WFP and FAO) and national and international non-governmental organizations. The project will strengthen the campaign against micronutrient deficiencies at the national level, with particular emphasis on eliminating iodine deficiency disorders by promoting the consumption of iodized salt and reducing the prevalence of vitamin A and iron deficiencies through the provision of supplements to target groups. At the national level, the project will promote early breastfeeding — exclusive breastfeeding up to six months and extended breastfeeding up to two years — and will offer special assistance to seropositive women.

32. In the joint action target areas, the survival programme will implement an integrated approach of promoting children's and women's health through two subprojects: early childhood survival and development, which will utilize the strategies of the IMCI coordination project and the baby-friendly community initiative, with a health, nutrition, water, sanitation and development component; and promotion of maternal health, consisting, in particular, of actions to enhance the quality of prenatal care, female nutrition, the provision of essential delivery care and post-natal follow-up.

33. The objectives of the water-sanitation project are to: increase safe drinking water coverage from 70 per cent to at least 90 per cent in the two UNICEF target areas; ensure a safe drinking water supply in villages where Guinea worm is endemic (Mbomou and Haut Mbomou); provide water to schools and health units in the target areas; promote improved latrines in 5,000 households and in schools and health units; and promote hygienic conditions in the Malimaka neighbourhood of Bangui (construction of 3,000 latrines and a household waste management system). The project will disseminate affordable alternative technologies and strengthen the capacity of community structures to participate in the management and maintenance of facilities. Water quality control will be particularly stressed. The project will be carried out in synergy with education and community development projects in order to promote hygiene education in the schools with a view to bringing about permanent changes in behaviour.

34. **HIV/AIDS and STDs.** This programme comprises two projects. The project to prevent HIV infection among youth and women is aimed at extending counselling/testing services, which have thus far been concentrated in the capital, Bangui, to the administrative seats of the country's 16 prefectures. Activities will focus on primary HIV prevention through the following main strategies: (a) interpersonal communication, stressing the peer education approach and

targeting youth and women in particular; (b) introducing counselling/voluntary and anonymous testing services in the prefectures; (c) incorporating training in STD and HIV/AIDS prevention within primary education, and exploring alternative approaches to reaching children outside the school system; and (d) strengthening the early treatment of STDs among adolescents and pregnant women in the programme operation areas. The prevention component will be developed in all programmes.

35. The main objective of the project to prevent mother-to-child transmission is to reduce the rate of mother-to-child HIV transmission among women who have tested HIV-positive from 35 to 15 per cent. This project is still limited to three sites in Bangui but will be gradually extended to the prefectures where HIV/AIDS seroprevalence among pregnant women exceeds 5 per cent and where voluntary testing services are operational. The treatment of opportunistic infections in seropositive mothers will be strengthened by activities carried out by the World Bank and the International Therapeutic Solidarity Fund, in close cooperation with UNAIDS and NGOs which have demonstrated their expertise on the ground (the anonymous testing unit, Ami d'Afrique, CARITAS and Demain la Vie). UNICEF will strengthen its cooperation within the UNAIDS thematic group with a view to developing an adequate national response. All programme activities will be sustained by a communication strategy aimed at changing behaviour with a view to prevention, a guarantee of success in any HIV/AIDS control effort.

36. **Basic education.** This programme will help to improve the quality of primary education, raise the net school enrolment rate in the target areas from 44 to 62 per cent and reduce by half the school drop-out rate, estimated at 50 per cent. The programme will be carried out in close cooperation with the main partners in the education sector: UNESCO, the European Union, AFD, JICA, GTZ, COOPI and religious denominations. While partners will continue to invest in the construction and rehabilitation of school infrastructure, UNICEF will tackle national capacity-building and the implementation of national policy relating to Education for All. The basic education programme comprises two projects.

37. The project to promote schooling for girls is aimed at raising the net enrolment rate among girls from 44 to 65 per cent in Nana-Grébizi and from 30 to 60 per cent in Ouham, and ensuring that at least 80 per cent of those girls move from the informal to the formal system and remain in school. This project has a formal education component which consists of institution-building and implementation of the national action plan on education. In order to guarantee continuity, communities will be involved in the design, implementation and management of schools. The project will make teaching materials available. In the target areas, the project will seek to enhance the functioning and integration of formal and informal basic education through capacity-building (teacher training/refresher courses) and by forging a link between the two types of education.

38. The early childhood development project is aimed at creating a framework for the harmonious and integral development of young children by balancing parental upbringing and pre-school education in the target areas in cooperation with the survival programme. Ten informal centres (village child-care centres) — one for each subprefecture — will be created on an experimental basis for early childhood care. Family and community participation will be stressed; the project will provide teaching and recreational materials.

39. **Promotion of children's and women's rights.** This programme comprises two projects. The objective of the advocacy project for the realization of rights is to define the appropriate legal framework for the promotion of children's and women's rights. In particular, it will play a role in harmonizing national legislation with the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, elaborating a regulatory framework for cooperation between governmental structures and non-governmental organizations involved in the promotion of rights, and establishing a monitoring mechanism to monitor the implementation of the two Conventions. The advocacy project will target the political and administrative authorities with a view to the effective application of the two Conventions and their optional protocols, which the Central African Republic has ratified; it will be aimed at mobilizing additional resources and implementing the 20/20 Initiative. The project will be bolstered by an integrated communication plan to support each of the sectoral programmes aimed at the adoption of the desired new behaviours concerning the observance and enjoyment of children's and women's rights. Communities will participate in the behaviour-changing process through the triple A approach (*assessment, analysis and action*).

40. The objective of the project on special protection of children and women is to promote the special protection of female victims of harmful traditional practices, in particular, to reduce the rate of female genital mutilation from 83 to 65 per cent in Nana Grébizi and from 43 to 30 per cent in Ouham, and to promote the integration and rehabilitation of street children and juvenile offenders. The project will be carried out in close cooperation with NGOs and will strengthen their capacity to provide better services to targeted women and children in Bangui and in the programme areas. The project will strengthen institutional capacity and contribute to the setting up of protective structures in particular areas by decentralizing the activities of the children's tribunal at the prefectural level.

41. **Planning, monitoring and evaluation.** This programme will be the vector of intersectoral cooperation and will interface with all programmes. It will contribute to national capacity-building in the areas of social policy-making, monitoring the situation of children and women, implementing the national decentralization/regionalization policy and promoting community participation. The programme consists of two projects.

42. The social planning and monitoring/evaluation project will help to strengthen the technical capacity of central and decentralized structures in terms of elaborating and monitoring the implementation of national, regional and prefectural development plans. It will support the planning and monitoring process of the inter-agency poverty reduction programme in the joint target areas. The main strategies will be intersectoral cooperation and the integration and coordination of activities at the national and regional levels, and in the two target areas. The project will also contribute to the updating of data on the situation of children and women through studies and evaluations and by monitoring the application of the two Conventions.

43. The community development project will underpin the integration of various sectoral activities at the community level. It will contribute to: empowering communities to take their development into their own hands; consolidating experimentation in local planning, starting at the grass-roots level in the cooperation programme's two target areas; promoting efficient community participation in programme activities; and integrating multisectoral actions at the grass-roots level.

Teenage participation will be a vital component of the development process in the target areas. The main strategies will involve: strengthening the capacity of grass-roots communities to identify and analyse priority issues and formulate village development plans (the triple A approach); expanding community monitoring to 100 villages in the two target areas; and carrying out social mobilization within communities and women's groups to ensure their support for and full participation in the actions. Moreover, the project will serve as the interface in the coordinated implementation of various sectoral strategies for the survival, development, participation and protection of children and women at the community level.

44. **The cross-sectoral costs programme** will help to defray the requisite staff and operating costs for the execution of the country programme as a whole.

**Monitoring and evaluation**

45. The integrated monitoring and evaluation plan (IMEP) will be the basic tool for monitoring the progress achieved during the year, at mid-term and after five years, through process and impact indicators developed on the basis of project, sectoral programme and country programme objectives. The following process and impact indicators, disaggregated by sex, will be measured and analysed: mortality rates (infant, infant-child and maternal), HIV/AIDS prevalence, immunization coverage, malnutrition, consumption of iodized salt, prevalence of illness (diarrhoeal diseases, malaria, acute respiratory infections), accessibility and utilization of health services, prenatal visits, assisted childbirth, successful completion or repetition of the school year, adult literacy, public access to safe drinking water, the net primary school enrolment rate, the proportion of children under 18 years of age who work, and the percentage of girls who have undergone female circumcision. IMEF will take into account the guidelines of the medium-term strategic plan. An end-cycle evaluation is scheduled for 2006. Multiple indicator cluster surveys (MICS) will be carried out under the programme in order to evaluate its progress objectively, particularly in the target areas. In the context of emergency preparedness, vulnerability indicators will continue to be monitored and analysed in order to ensure more effective management of emergency situations, in accordance with the commitments undertaken by UNICEF.

## Collaboration with other partners

46. Within UNDAF, UNICEF will strengthen its collaboration with other bilateral and multilateral partners, particularly within the United Nations system, to ensure that poverty reduction measures complement one another. The health programme will be implemented in collaboration with WHO, UNFPA, the European Union, the World Bank, UNDP, JICA, the French Development Agency (AFD) and NGOs active in the field. Collaboration within UNAIDS will enable efforts to be directed towards securing an adequate national response to the AIDS pandemic. UNICEF will contribute to the implementation of the national plan for educational development in partnership with UNESCO, the World Bank, AFD, religious NGOs and the private sector. Enhanced collaboration with NGOs will permit optimum interventions in response to the weakness of national capacities.

## Programme management

47. The cooperation programme will be coordinated at the national level by the Ministry of Economy, Finance, Planning and International Cooperation. Sectoral programmes will be run by the technical departments of the sectoral ministries, which will be responsible for drawing up annual project action plans and monitoring their implementation, and for self-evaluation. Semi-annual and annual reviews and a mid-term programme review in 2004 will be held with the participation of all partners; likewise, an ongoing dialogue will be established with UNDAF participants and representatives of the States members of the UNICEF Executive Board present in the Central African Republic. An active partnership, including the private sector and religious organizations, will serve as a framework for the development of a fund-raising strategy to increase programme resources. In the programme concentration areas, prefectural coordinating committees headed by prefects in collaboration with representatives of the Division of Planning and the associated sectoral departments will, with the support of UNICEF outreach units, plan and provide for decentralized coordination and follow-up of the activities. At the community level, village development committees will provide periodic assessments of the situation, draw up village development plans, mobilize local resources and implement actions. Programme execution will be adjusted depending on the availability of supplementary funds, as provided for in the operational plan.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

| Central African Rep. | (1999 and earlier years) | | UNICEF country classification |
|---|---|---|---|
| Under-five mortality rate | [illegible] | (1000) | Very High U5MR |
| Infant mortality rate | [illegible] | (1000) | Very High IMR |
| GNP per capita | $ 290 | (1999) | Low Income |
| Total population | 3.6 million | (1999) | |

| KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT | | 1970 | 1980 | 1990 | 2000 |
|---|---|---|---|---|---|
| Births | (thousands) | 79 | 101 | 124 | 143 |
| Infant deaths (under 1) | (thousands) | 12 | 12 | 14 | 16 |
| Under-five deaths | (thousands) | 20 | 19 | 22 | 26 |
| Under-five mortality rate (per 1,000 live births) | | 248 | 189 | 180 | 180 |
| Infant mortality rate (under 1) (per 1,000 live births) | | 149 | 121 | 115 | 115 |

| | | About 1990 | Most recent |
|---|---|---|---|
| Underweight children (under 5) (% weight for age, 1994-95, 2000) | Moderate & severe | 27* | 24 |
| | Severe | 8* | 6 |
| Babies with low birth weight (%, 1987) | | 15 | .. |
| Primary school children reaching grade 5 (%, 1990) | | 24 | .. |

| NUTRITION INDICATORS | About 1990 | Most recent |
|---|---|---|
| Exclusive breast-feeding rate (<4 mos.) (%, 1994-95/2000) | 4 | 12 |
| Timely complementary feeding rate (6-9 mos.) (%, 1994-95/2000) | 93 | 77 |
| Continued breast-feeding rate (20-23 mos.) (%, 1994-95/2000) | 52 | 43 |
| Prevalence of wasting (0-59 mos.) (%, 1994-95/2000) | 7* | 9 |
| Prevalence of stunting (0-59 mos.) (%, 1994-95/2000) | 34* | 39 |
| Vitamin A supplementation coverage (6-59 mons.) (%, 1999) | .. | 100 |
| Household consuming iodized salt (%, 1994/2000) | 28 | 87 |

| HEALTH INDICATORS | | About 1990 | Most recent |
|---|---|---|---|
| ORT use rate (%, 1996) | | .. | 35 |
| Routine EPI vaccines financed by government (%, 1999) | | .. | 0 |
| Use of improved drinking water sources (% of population, 1990/2000) | Total | 48 | 70 |
| | Urban/rural | 71/35 | 89/67 |
| Use of improved sanitation facilities (% of population, 1990/2000) | Total | 24 | 25 |
| | Urban/rural | 38/16 | 38/16 |
| Births attended by trained personnel (%, 1994-95/2000) | | 46 | 44 |
| Maternal mortality rate (per 100,000 live births, 1995) | | 1100 | .. |

| Immunization | | 1981 | 1985 | 1990 | 1995 | 1999 |
|---|---|---|---|---|---|---|
| One-year-old (%) immunized against: | Tuberculosis | 26 | 34 | 93 | 94 | 62 |
| | DPT | 11 | 20 | 82 | 53 | 33 |
| | Polio | 11 | 20 | 82 | 51 | 36 |
| | Measles | 15 | 23 | 83 | 46 | 39 |
| Pregnant women (%) immunized against: | Tetanus | 12 | 17 | 65 | 20 | 20 |

* Aged 0-35 months.

TABLE 1 (continued)

Central Africa Rep.

| EDUCATION INDICATORS | | About 1990 | Most recent |
|---|---|---|---|
| Primary enrolment ratio (gross/net) | Total | 65/58 | 61/43 |
| (%, 1990/1997, 1990/2000) | Male | 80/68 | 70/47 |
| | Female | 51/47 | 50/39 |
| Secondary enrolment ratio (gross/net) | Total | 12/.. | ../.. |
| (%, 1990) | Male | 17/.. | ../.. |
| | Female | 7/.. | ../.. |
| Adult literacy rate, 15 years & older | Total | 33 | 46 |
| (%, 1995/2000) | Male/female | 47/21 | 60/35 |
| Radio/television sets | | 68/ 5 | 83/ 5 |
| (per 1,000 population, 1990/1997) | | | |

| DEMOGRAPHIC INDICATORS | | 1970 | 1980 | 1990 | 1999 | 2000 |
|---|---|---|---|---|---|---|
| Total population | (thousands) | 1849 | 2313 | 2945 | 3649 | 3717 |
| Population aged 0-18 years | (thousands) | 855 | 1102 | 1457 | 1810 | 1844 |
| Population aged 0-5 years | (thousands) | 297 | 399 | 505 | 600 | 608 |
| Urban population (% of total) | | 30.2 | 35.1 | 37.5 | 39.7 | 40.1 |
| Life expectancy at birth | Total | 42 | 46 | 47 | 44 | 44 |
| (years) | Male | 40 | 43 | 45 | 43 | 43 |
| | Female | 45 | 48 | 49 | 46 | 46 |
| Total fertility rate | | 5.7 | 5.8 | 5.6 | 5.2 | 5.1 |
| Crude birth rate (per 1,000 population) | | 43 | 44 | 42 | 39 | 38 |
| Crude death rate (per 1,000 population) | | 22 | 20 | 18 | 19 | 19 |

| | | About 1990 | Most recent |
|---|---|---|---|
| Contraceptive prevalence rate | | .. | 15 |
| (%, 1995) | | | |
| Population annual growth rate | Total | 2.3 | 2.1 |
| (%, 1970-90/1990-99) | Urban | 3.4 | 3.0 |

| ECONOMIC INDICATORS | | About 1990 | Most recent |
|---|---|---|---|
| GNP per capita annual growth rate | | -1.3 | -0.3 |
| (%, 1980-90/1990-99) | | | |
| Inflation rate (%, 1980-89/1990-98) | | 7 | 5 |
| Population below $1 a day (%, 1990-99) | | .. | 67 |
| Household income share | Top 20%/bottom 40% | ../.. | ../.. |
| (%) | | | |
| Government expenditure | Health/education | ../.. | ../.. |
| (% of total expenditure) | Defense | .. | .. |
| Household expenditure | Health/education | ../.. | ../.. |
| (% share of total) | | | |
| Official development assistance: | $US millions | 227 | 120 |
| (1990/1998) | As % of GNP | 19 | 11 |
| Debt service | | | |
| (% of goods and services exports, 1990/1997) | | 7 | 2 |

## TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1997-2001 a/

COUNTRY: CENTRAL AFRICAN REPUBLIC
LATEST BOARD APPROVAL: 1996
REGULAR RESOURCES: $ 5,620,000

(In thousands of United States dollars)

| Programme sectors/areas | Supplies and equipment (actual) | | Training grants (actual) | | Project staff (actual) | | Other cash (actual) | | TOTAL | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Regular resources b/ | | Other resources | | Total (RR & OR) | |
| | RR b/ | OR | RR b/ | OR | RR b/ | OR | RR b/ | OR | Actual | Planned | Actual | Planned | Actual | Planned |
| Health and nutrition | 424 | 738 | 31 | 85 | 608 | 151 | 258 | 424 | 1,321 | 2,194 | 1,398 | 2,000 | 2,719 | 4,194 |
| Water, sanitation and environment | 303 | 307 | 7 | 1 | 401 | 0 | 165 | 36 | 876 | 1,365 | 344 | 1,250 | 1,220 | 2,615 |
| Basic education | 67 | 190 | 30 | 31 | 218 | 0 | 250 | 295 | 565 | 751 | 516 | 1,750 | 1,081 | 2,501 |
| Monitoring, information and management | 259 | 0 | 17 | 0 | 177 | 0 | 316 | 0 | 769 | 616 | 0 | 114 | 769 | 730 |
| Advocacy and social communication | 60 | 1 | 25 | 0 | 20 | 0 | 93 | 0 | 198 | 225 | 1 | 0 | 199 | 225 |
| Programme support | 59 | 0 | 0 | 0 | 457 | 0 | 160 | 16 | 676 | 469 | 16 | 0 | 692 | 469 |
| **GRAND TOTAL** | **1,172** | **1,236** | **110** | **117** | **1,881** | **151** | **1,242** | **771** | **4,405** | **5,620** | **2,275** | **5,114** | **6,680** | **10,734** |

RR = Regular resources.
OR = Other resources.
a/ = Actual expenditure includes expenditure recorded as at closure 21 May 2001.
b/ = Actual RR expenditure includes allocations from global set-aside.

TABLE 3

PLANNED YEARLY EXPENDITURES

COUNTRY: CENTRAL AFRICAN REP
PROGRAMME CYCLE : 2002-2006

| | FUND | 2002 | 2003 | 2004 | 2005 | 2006 | TOTAL |
|---|---|---|---|---|---|---|---|
| SURVIVAL OF CHILDREN AND WOMEN | RR | 544,000 | 547,000 | 547,000 | 547,000 | 547,000 | 2,732,000 |
| | OR | 400,000 | 400,000 | 400,000 | 400,000 | 400,000 | 2,000,000 |
| | TOTAL | 944,000 | 947,000 | 947,000 | 947,000 | 947,000 | 4,732,000 |
| HIV/AIDS AND STDS | RR | 200,000 | 200,000 | 200,000 | 200,000 | 200,000 | 1,000,000 |
| | OR | 300,000 | 300,000 | 300,000 | 300,000 | 300,000 | 1,500,000 |
| | TOTAL | 500,000 | 500,000 | 500,000 | 500,000 | 500,000 | 2,500,000 |
| BASIC EDUCATION | RR | 240,000 | 240,000 | 240,000 | 240,000 | 240,000 | 1,200,000 |
| | OR | 200,000 | 200,000 | 200,000 | 200,000 | 200,000 | 1,000,000 |
| | TOTAL | 440,000 | 440,000 | 440,000 | 440,000 | 440,000 | 2,200,000 |
| PROMOTION OF CHILDREN'S AND WOMEN'S RIGHTS | RR | 200,000 | 200,000 | 200,000 | 200,000 | 200,000 | 1,000,000 |
| | OR | 100,000 | 100,000 | 100,000 | 100,000 | 100,000 | 500,000 |
| | TOTAL | 300,000 | 300,000 | 300,000 | 300,000 | 300,000 | 1,500,000 |
| PLANNING AND MONITORING/EVALUATION | RR | 200,000 | 200,000 | 200,000 | 200,000 | 200,000 | 1,000,000 |
| | OR | | | | | | |
| | TOTAL | 200,000 | 200,000 | 200,000 | 200,000 | 200,000 | 1,000,000 |
| CROSS-SECTORAL COSTS | RR | 160,000 | 160,000 | 160,000 | 160,000 | 160,000 | 800,000 |
| | OR | | | | | | |
| | TOTAL | 160,000 | 160,000 | 160,000 | 160,000 | 160,000 | 800,000 |
| TOTAL, PROGRAMME BUDGET | RR | 1,544,000 | 1,547,000 | 1,547,000 | 1,547,000 | 1,547,000 | 7,732,000 |
| | OR | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 5,000,000 |
| | TOTAL | 2,544,000 | 2,547,000 | 2,547,000 | 2,547,000 | 2,547,000 | 12,732,000 |
| STAFF COSTS a/ | | 716,740 | 739,273 | 770,325 | 810,724 | 848,109 | 3,885,171 |
| GENERAL OPERATING COSTS | | 264,665 | 300,300 | 304,200 | 287,800 | 271,500 | 1,428,465 |
| TOTAL, ESTIMATE SUPPORT BUDGET | | 981,405 | 1,039,573 | 1,074,525 | 1,098,524 | 1,119,609 | 5,313,636 |
| GRAND TOTAL | | 3,525,405 | 3,586,573 | 3,621,525 | 3,645,524 | 3,666,609 | 18,045,636 |

RR = regular resources
OR = other resources

a/ Including consultants and temporary assistance.

TABLE 4

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : CENTRAL AFRICAN REP
PROGRAMME : 2002-2006

| PROGRAMME SECTION/AREAS AND FUNDING SOURCE | PROGRAMME BUDGET | | | POSTS a/ | | | | | | | | | | STAFF COSTS b/ | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | RR | OR | TOTAL | D2/L7 | D1/L6 | P/L5 | P/L4 | P/L3 | P/L2 | IP | NP | GS | TOTAL | IP | LOCAL | TOTAL |
| REGULAR RESOURCES : | | | | | | | | | | | | | | | | |
| SURVIVAL OF CHILDREN AND WOMEN | 2,732,000 | | 2,732,000 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 2 | 4 | 821,960 | 257,314 | 1,079,274 |
| HIV/AIDS AND STDS | 1,000,000 | | 1,000,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 275,406 | 58,552 | 333,958 |
| BASIC EDUCATION | 1,200,000 | | 1,200,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 2 | 0 | 248,619 | 248,619 |
| PROMO OF CHILDREN'S/WOMEN'S RIGHTS | 1,000,000 | | 1,000,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PLANNING & MONITORING/EVALUATION | 1,000,000 | | 1,000,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 190,067 | 190,067 |
| CROSS-SECTORAL COSTS | 800,000 | | 800,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 4 | 7 | 0 | 510,619 | 510,619 |
| TOTAL RR | 7,732,000 | | 7,732,000 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 6 | 8 | 15 | 1,097,366 | 1,265,171 | 2,362,537 |
| OTHER RESOURCES : | | | | | | | | | | | | | | | | |
| SURVIVAL OF CHILDREN AND WOMEN | | 2,000,000 | 2,000,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 190,067 | 190,067 |
| HIV/AIDS/STDs | | 1,500,000 | 1,500,000 | 0 | 0 | 0 | 1 | 1 | 0 | 2 | 0 | 0 | 2 | 1,289,565 | 0 | 1,289,565 |
| BASIC EDUCATION | | 1,000,000 | 1,000,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PROMO OF CHILDREN'S/WOMEN'S RIGHTS | | 500,000 | 500,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 140,210 | 140,210 |
| TOTAL OR | | 5,000,000 | 5,000,000 | 0 | 0 | 0 | 1 | 1 | 0 | 2 | 2 | 0 | 4 | 1,289,565 | 330,277 | 1,619,842 |
| TOTAL RR & OR | 7,732,000 | 5,000,000 | 12,732,000 | 0 | 0 | 0 | 2 | 1 | 0 | 3 | 8 | 8 | 19 | 2,386,931 | 1,595,448 | 3,982,379 |
| SUPPORT BUDGET | Operating costs | | 1,428,465 | 0 | 0 | 1 | 1 | 1 | 1 | 4 | 1 | 9 | 14 | 3,005,921 | 861,162 | 3,867,083 |
| | Staffing | | | | | | | | | | | | | | | |
| GRAND TOTAL (RR + OR + SB) | | | | 0 | 0 | 1 | 3 | 2 | 1 | 7 | 9 | 17 | 33 | 5,392,852 | 2,456,610 | 7,849,462 |
| | Number of posts and staff costs: | | | | | | | | | | | | | | | |
| | Current programme cycle | | | | | | | | | 7 | 5 | 16 | 28 | | | |
| | At the end of proposed programme cycle (indicative only) | | | | | | | | | 7 | 9 | 17 | 33 | 5,392,852 | 2,456,610 | 7,849,462 |

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.

RR = regular resources.
OR = other resources.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.